



**PRIVATE MERCHANT POLICE LICENSE APPLICATION**  
COMPLETE IN TRIPLICATE

CITY LICENSE  
(316) 268-4553

Individual Proprietorship      New.....\$300.00  
Partnership      Renewal.....\$100.00  
Corporation: If Incorporated, through which state?

**APPLICANT INFORMATION:**

Full Name			Home Phone	
Home Address			Zip Code	
Date of Birth			City & State of Birth	
Military Branch		Type of Discharge		Social Security Number

- How long have you lived in Wichita?
- Please list the address(es) at which you have lived for the past three years:
- Please list the name(s) and address(es) of any previous employment held within the past three years:
- If self-employed, list the name and address of this business:

If the answer to any of the **FOLLOWING** questions is "YES", explain **IN DETAIL** on the reverse side of the application or attach a separate piece of paper to this application.

- Have you ever been REFUSED a security bond?      **Yes**      **No**
- Have you ever had a security bond revoked?      Yes      No
- Have you ever had a judgement or conviction for fraud, deceit, or misrepresentation entered against you?      Yes      No

If the answer to any of the **FOLLOWING** questions is "YES", explain the charge, penalty, date, and place associated with the conviction(s). Place the information on the reverse side of the application or attach a separate piece of paper to this application.

- Have you ever been convicted of a felony?      Yes      No
- Have you ever been convicted of a misdemeanor?      Yes      No

**BUSINESS INFORMATION:**

Business Name			Phone	
Local Business Address			Zip Code	
Mailing Address (if different)			Zip Code	
Type of Service Offered			Coverage Area	
Kansas Sales Tax No.			Federal Tax No.	
No. of Security Officers Employed				

**BUSINESS PARTNER OR CORPORATE OFFICER INFORMATION:** Please provide the following information for each partner, officer, director, or associate of the business firm. If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name			Home Phone	
Home Address			Zip Code	
Social Security No.			Date of Birth	

Three letters must accompany this application from persons not related to the applicant, certifying to the applicant's good character and business responsibility, and who have known the applicant for at least one year. Attach two photographs taken during the past 30 days (1 1/2" x 2") of the applicant.

The undersigned, of lawful age, states that this application has been signed with the understanding and agreement to the provisions set forth in Chapter 3.72, Code of the City of Wichita, Kansas, and that the information and answers herein contained are complete and true and known by the affiant to be so. In addition, the applicant does hereby authorize the taking of his/her fingerprints and to a pre-employment investigation.

\_\_\_\_\_  
Signature of Applicant      Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public

**FOR OFFICIAL USE ONLY**

	Approved	Disapproved		Date
Investigating				
City Attorney				
License Number		Date Issued	License Expiration	